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CONFIRMATION NO. 7308

|   |   |                                   |   |   |
|---|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/816,214  | <b>FILING OR 371(c) DATE</b><br>04/01/2004<br><b>RULE</b>   | <b>CLASS</b><br>117               | <b>GROUP ART UNIT</b><br>1722   | <b>ATTORNEY DOCKET NO.</b><br>S1022.81113US00 |
| <b>APPLICANTS</b><br>Daniel Bensahel, Grenoble, FRANCE;<br>Olivier Kermarrec, Gieres, FRANCE;<br>Yves Morand, Grenoble, FRANCE;<br>Yves Campidelli, Grenoble, FRANCE;<br>Vincent Cosnier, Grenoble, FRANCE;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b>   |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 03/04152 04/03/2003  |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/17/2004</b>  |   |                                   |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>9                      |
| <b>INDEPENDENT CLAIMS</b><br>2  |   |                                   |   |   |
| <b>ADDRESS</b><br>23628   |   |                                   |   |   |
| <b>TITLE</b><br>Heteroatomic single-crystal layers  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |